

CLAIM OF: **RUTH FINCH**
365 North Avenue, NE, #B1001
Atlanta, Georgia 30308

For bodily injuries alleged to have been sustained when she tripped and fell on an uneven section of sidewalk fracturing her right fourth finger January 14, 2000 at 460 North Avenue, NE.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **RUTH FINCH** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained when she tripped and fell on an uneven section of sidewalk fracturing her right fourth finger January 14, 2000 at 460 North Avenue, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

GENERAL RELEASE AND INDEMNIFICATION

\$ 2,000.00

IN CONSIDERATION of the sum of TWO THOUSAND AND NO/100
 DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,
I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,
its officers and employees, from any and all claims, demands, actions, causes of action, suits, damages, loss and
expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly
for or on account of a bodily injury incident
which occurred on or about the 14th day of January, 2000,
at or near 460 North Avenue, NE.

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this Ruth Finch day of 9-27, 2000.

Ruth Finch (LS)
RUTH FINCH

The above release was read and explained to, and signed by the said Ruth Finch

in our presence on the date above written.

365 North Ave. N.E. ⁸⁻¹⁹⁹⁶ Atlanta Ga. 30308
Donnell Osborn 9-21-2000
WITNESSES

RECEIVED FEB - 9 2000

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 2-7-2000

Reeves
02/10/00

Dear Municipal Clerk:

ENTERED - 2-11-00 - SB
00L0069 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 881.50 property and/or \$ 881.50 bodily injury for which I contend the City is liable.

1. Date of incident: 1-14-2000 2. Time of Incident: 3:15 3. Police called: Yes No
(month/day/year)

4. Location of incident (including street address): 460 North Ave NE

5. Name of your insurance company: Medical Security Policy No. 257520452

6. State what and how incident occurred: Tripped and a bad in sidewalk
that walking along, and tripped.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Ruth L. Finch
Signature of Claimant

Mrs. Ruth Finch
(Print Claimant's Name)

365 North Ave NE #B1001
(Address)

Atlanta, Ga. 30308
(City, State and Zip Code)

(4) 876-4518
(Work Number) (Home Number)

00-R -1709